

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1									
2		1								
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48										
49										
50										
TOTAL IND.	5									
TOTAL DEP.	17									
TOTAL CLAIMS	22									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS